

<b>Case Number:</b>	CM14-0203234		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male was injured on 03/20/2008 while being employed. On provider visit, dated 08/27/2014, he complained of low back pain with numbness in the right small and ring fingers, right shoulder pain with radiating pain to the arm with numbness, tingling in the arms and bilateral hand/wrist pain. He was noted to have tenderness over the right shoulder AC joint and supraspinatus tendon. Impingement signs were noted, with positive Neer's and Hawkin's test of the right shoulder. He was noted to have pain with range of motion of right shoulder. Tenderness of first dorsal compartment of the right wrist was also noted, with tenderness over the scaphoid and lunate carpal bones bilaterally and tenderness of the bilaterally wrist with range of motion. Triggering of the right thumb was noted. During the visit, he received an injection of Celestone and Lidocaine HCL into the right dorsal compartment and right trigger thumb. His diagnoses were right lateral epicondylitis, right shoulder subacromial impingement syndrome, right wrist strain, rule out internal derangement, and right trigger thumb. Disability status was noted as may continue working without restrictions. Treatment plan was to continue wearing Tennis Elbow brace, continue physical therapy (completed number of sessions unclear), prescription for Naprosyn, and thumb spica splint.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 physical therapy sessions to the right elbow, right wrist 2 times a week for 4 weeks:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-31.

**Decision rationale:** The MTUS guidelines mentions in the Elbow chapter of the ACOEM that physical therapy may be used initially for lateral epicondylitis, as long as clinical improvement is seen after the first 2-3 visits. Continuation of physical therapy up to 12 or so supervised sessions may be considered if there is documented evidence of functional benefit from the first few sessions. In the case, the injured worker has had ongoing physical therapy for the right elbow/wrist, but follow-up regarding these sessions was lacking in the documentation provided for review. There also was no documentation reporting the number of sessions of physical therapy already completed. Based on the lack of documentation of previous treatments completed, this request is not medically necessary.